

**Introduction:** An outbreak of deep-seated Group A Streptococcal (GAS) infections occurred in reduction mammoplasty patients in our unit following which a peri-operative antimicrobial prophylaxis protocol was introduced.

**Aim:** To assess if the new antimicrobial prophylaxis protocol reduced wound infection rates

**Methods:** A case note review for all patients undergoing bilateral reduction mammoplasty 9 months prior to (group 1) and 9 months following (group 2) introduction of this protocol was carried out at the Northern General Hospital. Infection rates between the two groups were compared. Steps to deal with the GAS outbreak and the clinical governance issues raised consequently are also discussed

**Results:** There were 103 patients in Group 1 and 87 in Group 2. 53% of patients in group 1 were given antibiotics at induction versus 95.8% in Group 2. Infection rate was 12.5% in group 1 versus 6.9% in group 2 ( $p=0.20$   $\chi^2$  test, 95% CI: 0.188–1.427). Return to theatre following infection occurred in 3% of patients in Group 1 ( $n=3/103$ ) versus none in group 2. GAS was implicated in 20% ( $n=21/103$ ) cases in group 1 versus 0% in group 2.

**Conclusion:** Enforcement of this antimicrobial prophylaxis policy eradicated serious infections following reduction mammoplasty.

#### 0854 THE SAFETY AND EFFECTIVENESS OF HERNIOGRAMS IN THE INVESTIGATION OF PATIENTS WITH OCCULT HERNIAS IN A SINGLE UNIT

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**Introduction:** The aim of this study was to examine the safety and efficacy of herniogram use in a single unit in patients presenting with a suspected occult hernia.

**Methods:** Patients who underwent herniography between 02/07/07 and 01/09/2010 were retrospectively identified in a single unit. Patient's herniogram results and subsequent management were recorded using clinical and radiological databases.

**Results:** 71 patients were identified. 42 patients had positive herniograms. 19 patients underwent surgical repair (11 direct, 7 indirect, 1 no hernia found), 4 await surgery and 19 had no surgical intervention as were either asymptomatic or had no hernia clinically. Of the 29 patients who had negative herniograms 4 were referred to Chronic Pain Team, 1 underwent Gilmore's groin repair and 24 patients were discharged. As a direct result of the herniogram, one patient developed peritonitis, requiring a subsequent laparoscopy confirming small bowel perforation and another suffered a vasovagal episode when contrast was instilled.

**Conclusion:** Positive herniograms only changed patient management in 55% of cases whereas a negative result allowed the majority of patients to be discharged or appropriately referred on. Given the invasive nature of the procedure, herniograms should only be requested if a positive result will directly change patient management.

#### 0856 ESTABLISHING A LEVEL OF COMPETENCY FOR ACQUIRING BASIC ENDOSCOPY SKILLS ON A VIRTUAL REALITY ENDOSCOPY SIMULATOR

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**Aims:** This study aimed to determine expert benchmark metrics for acquiring the generic GI endoscopy skills on the Virtual Reality Simbionix GI Mentor II and also whether the simulator has construct and expert validity for these exercises.

**Methods:** A prospective comparative study was carried out; nine expert endoscopists and nine novices performed four generic endoscopy exercises on the simulator. After one practice run, data was collected from three subsequent runs. The expert endoscopists were asked about their opinion of the simulator.

**Results:** Both the groups adapted very well to the machine. The experts completed the Endobubble Level 1 and 2 in a mean of 76.68seconds and 100.47seconds respectively (Novices in 59.66seconds and 90.86seconds respectively) The Endobasket tasks Level 1 and Level 2 were completed in means of 65.04 and 122.88seconds, respectively (Novices in 64.41 and 111.00seconds respectively).

**Conclusions:** In order to create a robust curriculum there need to be endpoints for the trainees to achieve and this can be quantified by using

data from expert endoscopist performing simulated endoscopy. The longer time taken by experts is a reflection of more time spent inspecting the virtual bowel. All expert endoscopists welcomed the simulator as a novel training method and curricula will be developed to be used in formal training programmes.

#### 0857 A RETROSPECTIVE AUDIT STUDYING TONGUE TIE DIVISION IN INFANTS AT A TERTIARY REFERRAL CENTRE

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**Aim:** Ankyloglossia or tongue tie is a congenital abnormality leading to a short lingual frenulum. This condition has been identified as a reason for poor feeding which in turn can lead to failure to thrive. The evidence for such a link is controversial.

Our centre offers the division of tongue tie in an out-patient setting. This audit was initiated to evaluate the service that we provide and also to see whether the procedure had any effect on improving feeding difficulties.

**Method:** The parents of 100 infants who had undergone the procedure over the last six months were called. A set proforma that had been pre-designed was then completed.

**Results:** The age of division ranged from 1 - 89 days and the median age was 13.6 days. 70% of the mothers were breastfeeding. 74% of mothers reported an improvement in feeding. 80% of these claimed that this was noticed within 24 hours. There were no reported complications.

**Conclusion:** The procedure offered by our unit does not require general anaesthetic or an in-patient stay. It is fast, simple and relatively low risk. There may be a benefit to tongue tie division in symptomatic infants however these results are not conclusive.

#### 0858 NATURAL HISTORY OF RECOVERY FOLLOWING FACIAL PARALYSIS: AN OUTCOME ANALYSIS

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**Aim:** The study aims to identify clinical factors which can be used to predict natural recovery following facial paralysis.

**Methods:** The material includes 166 patients with at least 6 months follow-up from the initial diagnosis of facial paralysis. Natural recovery was studied retrospectively using House-Brackmann system for each of these four factors: age at onset, degree of paralysis at onset, cause, and the presence of aberrant regeneration. Patients who developed facial paralysis following acoustic neuroma excision were further studied to identify additional factors affecting natural recovery in this specific group, including size of the tumour, status of the facial nerve, and surgery to the nerve following tumour removal.

**Results:** Statistical analysis showed that initial House-Brackmann grade at onset ( $p=0.038$ ), cause ( $p=0.025$ ), and the presence of aberrant regeneration ( $p=0.024$ ) had statistical significance in predicting natural recovery. In the acoustic neuroma subgroup, status of the nerve following tumour excision demonstrated statistical significance in natural recovery ( $p<0.001$ ).

**Conclusion:** Despite still being in the early stages, it is possible to predict natural recovery based on clinical findings. The findings can be used in the future practice to identify patients who would benefit most to interventions as well as estimating a timeline of natural recovery.

#### 0860 SYSTEMATIC REVIEW OF PUBLISHED AND UNPUBLISHED DATA ON THE INCIDENCE OF INCISIONAL HERNIA FOLLOWING CLOSURE OF ABDOMINAL WALL STOMAS

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**Aims:** A systematic review of the current literature was undertaken to attempt to quantify the rate incisional hernias following abdominal wall stoma closure.